

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10668635
APPLICANT(S) _____

FILING DATE 09-23-03

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.			TOTAL DEP.		TOTAL DEP.	
TOTAL CLAIMS			TOTAL CLAIMS		TOTAL CLAIMS	

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TOTAL DEP.			TOTAL DEP.		TOTAL DEP.	
TOTAL CLAIMS			TOTAL CLAIMS		TOTAL CLAIMS	